NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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TAKING TEMPERATURES.—Dr. Barton Fanning and Dr. Gurney Champion, of Norwich, England, have communicated to the *Lancet* the result of some experiments in regard to the taking of temperatures. They found that the time usually allowed for the thermometer to remain in the mouth is too short to determine the temperature accurately. Thirty minutes may be required to obtain correct results. It takes that length of time for the mouth to regain its normal heat after it has been cooled down by breathing cold air with the mouth open. Exercise is liable to cause errors when the temperature is taken immediately after it, as it entails breathing rapidly, often with the mouth open. The passage of five ounces of urine over the bulb of the thermometer is a fairly correct method of taking temperature. The time needed to obtain a correct reading in the axilla or groin is from fifteen minutes to an hour. Rectal temperature is considered the most accurate indication, because the thermometer reaches its highest point in from one to five minutes.

SALT CURE FOR CANCER.—"It is reported from Simla, India," says the *Medical Record*, "that Captain Rost, of the British Army Medical Service, has announced that he has discovered what he believes to be a cure for cancer. Captain Rost has been investigating the matter for three years at the hospital at Rangoon, Burmah, and states that he has found in both carcinomata and sarcomata cancers distinct germs of saccharomycetes, which can only develop when the natural chlorine in the tissues falls below the normal quantity. Captain Rost proceeded with treatment suggested by this fact, reinforcing the chlorine of the body by special diet, enabling large quantities of common salt to be absorbed. Eight patients have been made the subjects of experiment. One is said to be completely cured and the condition of the others improved. The experiments are being continued."

HEAT-STROKE.—Andrew Duncan, M.D., London (Edinburgh *Medical Journal*, March, 1903), divides heat-stroke into two varieties: A. Heat-collapse; B. Heat-stroke, which again is subdivisible into (*a*) direct heat-stroke, or sunstroke proper, and (*b*) indirect heat-stroke. In the author's experience indirect heat-stroke is the more common form. Warm days in the cool season of the year are especially dangerous. Moist air, absence of wind, and hot winds all favor the onset of attacks. New arrivals in a hot climate are particularly predisposed to attack, as are also the plethoric and intemperate, those suffering from fatty heart, or who have had syphilis.

In all cases where a traveller is exposed to a hot sun alcoholic drinks should be eschewed and tea or coffee be the chosen beverage. The good effect of tea is clearly perceptible when we consider that the sun's action diminishes the action of the skin, lessens nervous activity, causes less carbon dioxide to be exhaled, and induces cardiac paralysis. In their action tea and coffee have exactly opposite effects; and, moreover, they both counteract the onset of fatigue, so

deadly a factor in heat-stroke. Neutral-tinted eye-glasses should be worn. A thick woollen pad should be sewn into the coat to protect the spinal cord. The dress should be loose, the material of light wool, and the lining orange red in color.

On the occurrence of heat-stroke the patient should be moved into the shade, his clothes opened, and cold applied to his head and neck. Ammonia should be applied to the nostrils, a large mustard poultice to the chest, and a turpentine enema should be administered. In Italy, in cases of direct heat-stroke, the administration of a solution of trinitrin (1 to 100), twenty drops, to water, four thousand five hundred minims, every quarter of an hour until the complete disappearance of the symptoms has been found successful.

The author does not agree with Dr. Sambon as to the microbic origin of sunstroke, and he leans to the side of those who uphold the chemical view of heat-stroke.—*New York Medical Journal.*

BURNS.—In the treatment of burns Bjorkman, in "Merck's Archives," recommends, in burns of the first degree, disinfection locally, and perhaps the ice-bag to relieve pain. Lead carbonate ointment or diachylon salve are of benefit applied locally.

In burns of the second degree the pain must be relieved, hot drinks administered, and hot-water bottles applied around the patient, and, if necessary, hypodermic injections of ether or camphor to prevent shock. The site of the lesion should be thoroughly cleansed with a three per cent. carbolic acid solution or a 1 to 1000 corrosive sublimate solution. Blebs should be opened, allowing the epidermis to remain. The part should be dressed and elevated to permit the retrograde flow of venous and lymph currents. In burns of third degree morphine will have to be resorted to in order to relieve the patient's suffering; ammonium carbonate, strychnine, caffeine, and other stimulants administered to prevent shock, and artificial heat applied. The limb must be elevated, proper antiseptic dressings applied, and as soon as the first signs of granulation appear gentle passive movements and light massage should be resorted to if ankylosis is feared. In the local treatment, to alleviate pain, the author recommends cold applications locally, elevation of the limb, and morphine hypodermically.

RING-WORM.—The *Medical Record* says: "The reason of the intractability of ring-worm of the scalp and beard is that the fungus grows down into the hair follicles, which cannot be reached by the ordinary remedies. In looking for a suitable excipient, goosegrease appeared to Jackson as about what he wanted. He found that a dram or more of the crystals of iodine added to an ounce of goosegrease will make a most effective remedy for ring-worm. He applies it twice a day until it produces a reaction, and then once a day. In two or three weeks the hair falls out of the patch, which becomes bald for a time. After a time the hair grows in and the patch is well. If there is too much reaction, with swelling, the remedy may be suspended for a few days and salicylated oil of a three per cent. strength used. As soon as the reaction subsides the remedy should be used again. This method has been practised in the Vanderbilt Clinic with good results."

MILK.—A writer in the *Archives of Pœdiatrics* says: "Sterilization at 212° F. is of great value because of its universal practicability. Pasteurization

at a temperature of 140° to 158° F. in closed vessels for fifteen minutes is much better, though we must admit that the heating of milk sufficient to kill bacteria does impair its nutritive value to some extent. When obtainable, clean, pure milk used raw is much better and there is a rising demand for it. It may be provided in all cities or towns of even moderate size if the profession will demand it."

SEDATIVES IN MENTAL AFFECTIONS.—The *Journal of the American Medical Association*, quoting from a foreign exchange, says: "Pfister has found scopolamine the sovereign sedative, preferable to all others, for the insane. He has never noted any by-effects from the daily subcutaneous injection of 1.5 to one milligram, even when continued for weeks. It has no cumulative action, and he has never encountered a case of idiosyncrasy. Abrupt suspension causes no disturbance. It is especially valuable for the immediate soothing of very excited patients. Among the hypnotics he considers paraldehyde supreme. He gives three to five grammes in abundance of water, giving another three grammes in exceptionally urgent cases. In three to thirty minutes the patient drops into sleep, which lasts for four to eight hours. As much as fifteen grammes has been given in some cases daily for weeks without harm."

FOOD AND NUTRITION IN DISEASE.—Dr. L. H. Watson, of Chicago, has written an article on this subject in the New York *Medical Journal* in which he says the chemical composition of the body is quite similar to the composition of the foods which nourish it. Proteids, fats, carbohydrates, mineral salts, and water are the compounds we need in our foods, and they are found in flesh foods and vegetables. Protein, the most important element, is derived principally from meat, eggs, and milk. It is also furnished by some vegetables, as beans, peas, and the gluten of wheat, but in these it is mixed with too much extraneous matter, as husks, bulbs, woody fibre, etc., to be useful in the diet of the sick. Extractives, as beef tea, are included in the nitrogen compounds, but they neither build tissue nor furnish energy, they are appetizers and stimulants. Animal and vegetable fats are useful; these are found in meat, fish, milk, eggs, some cereals, olives, and nuts. The carbohydrates include sugars, starches, cellulose, and the fibres of plants. Potatoes, sago, farina, and arrowroot are rich in them. Fats should be used with caution in disease because they retard the formation of hydrochloric acid, which excites the pancreatic secretion, an important factor in digestion. Man can live better without a stomach than without a pancreas. Physicians realize that they must rely on diet rather than drugs to cure indigestion, as the food varies in its proportion of fat, protein, and carbohydrates; the digestive juices are poured out or repressed and altered in strength and quantity.

Milk is not an ideal food for the sick, too large a quantity being required and the large curds it forms in the stomach often rendering digestion difficult. Boiled with rice it forms an excellent diet.

In acute diseases lasting from four to six weeks no great effort should be made at forced feeding. Thin soups, flooding the stomach with unnutritious fluids, should be avoided. It is unnatural to take food during physical or mental suffering. Appetite is wanting and imperfect assimilation adds to the physician's worries and the patient's discomforts. When there is no appetite the digestive juices are absent. Feed a convalescent when through conversation about some dainty dish interest is aroused and saliva is secreted.